

STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

Date Received  
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Please type or print in ink.

11 APR -5 AM 9:19

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Allen III Walter N/A

1. Office, Agency, or Court

Agency Name

City of Covina

Division, Board, Department, District, if applicable

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Covina

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is \_\_\_\_\_, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_\_

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is  
I certify under penalty of perjury under the laws of the State of California that

Date Signed February 27, 2011  
(month, day, year)

Signature

RECEIVED BY **SCHEDULE D**  
COVINA CITY CLERK **Income – Gifts**

11 FEB 28 PM 5:44

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Walter Allen III

► NAME OF SOURCE

Tom Clababro, Executive Director, So. Cal. Edison

ADDRESS (Business Address Acceptable)

2244 Walnut Grove, Rosemead, California 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Close friend, not business or city related

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 23 / 10	\$ 296.00	2 Angel Game Tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Best, Best and Krieger, Attorneys At Law

ADDRESS (Business Address Acceptable)

3750 University Ave., Riverside, California 92502

BUSINESS ACTIVITY, IF ANY, OF SOURCE

League of California Cities Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 16 / 10	\$ 123.34	Reception and Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Multiple Donors, California State Protocol Foundation

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1400, Sacramento, Ca. 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Governor's wrap up event in Sacramento

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 10	\$ 254.36	Reception and Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_